# THE RECOVERY KERNEL

## Facilitator Quick-Start Guide

*Everything you need to run the Kernel. In one place. In the right order.*

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### What This Guide Is

The Recovery Kernel is a complete system — a main book, a meeting format, an introduction ritual, an activity library, a psychodrama module, playwright scripts, and a term guide. This Quick-Start Guide is the single document that ties all of them together. It tells you what each file is, when to use it, how the pieces connect, and how to run your first meeting with no prior training.

You do not need to read all the files before your first meeting. You need this guide and the Meeting Format script. The rest unfolds as your group develops.

Section 1

# Who This System Is — and Is Not — For

*The meeting materials version — read this before your first session*

### This System Is For Groups Where:

- Participants have tried conventional recovery approaches and found them inadequate — not because they didn't commit, but because the framework didn't fit their biology or their experience
- There is significant skepticism toward traditional 12-step models, religious framing, or testimony-based formats — this system does not require any of those
- Participants include people with low literacy, minimal recovery vocabulary, or no prior group experience — the meeting format is designed so that full participation requires zero reading ability
- The facilitator wants a biology-first, shame-reducing framework that can grow with a group from crisis to integration over months or years
- The group includes Warriors (high-intensity, stimulant-vulnerable), Worriers (anxiety-prone, depressant-vulnerable), and MTHFR-depleted individuals — the system is designed to serve all three simultaneously
- Harm reduction is an acceptable and explicit goal — this system serves people who are still using as well as people in recovery

### This System Is NOT the Right Primary Resource When:

- A participant is in acute medical withdrawal from alcohol or benzodiazepines — this is a medical emergency; meeting format cannot substitute for medical supervision; direct to emergency care first
- A participant is experiencing active psychosis or severe psychiatric instability — stabilize before introducing the system's depth
- The group has not yet established minimum trust — the psychodrama module and role swap testimony require at least 4–6 sessions of prior trust-building; the main meeting format and activity library can begin day one
- The facilitator is also in acute crisis — the facilitator role requires holding the container; if you cannot hold the container tonight, ask someone else to facilitate or run a lighter session
- The physical space is genuinely unsafe — some activities require movement; the psychodrama module requires emotional safety; assess the space before committing to a full session

### A Note on the Facilitator Role

You do not need a clinical credential to facilitate a Kernel meeting. You need:

familiarity with this guide and the meeting format script; the ability to hold time without rigidity; the willingness to be honest about your own experience when it serves the group; and the judgment to recognize when something needs to stop.

The facilitator does not fix people. The facilitator creates the conditions in which people can experience something that moves them. That is a different job — and it is available to anyone who understands the difference.

If you are in recovery yourself and running this group: your experience is an asset, not a conflict of interest. The Kernel was built by someone in recovery for people in recovery. That lived knowledge is part of what makes it work.

Section 2

# Evidence Tier Legend

*How to interpret the confidence level of claims in this system*

The Kernel's main book uses a five-tier evidence system for all therapeutic claims. The meeting materials reference protocols from that book. When a facilitator presents a protocol, this legend applies to the claims within it. Participants who want to understand the evidence basis for what they're hearing can refer to the main book — this legend tells them how to read what they find there.

| | |
|---|---|
| **ESTABLISHED** | Strong consensus from multiple randomized controlled trials and clinical guidelines. When this tier is cited, the claim is backed by bodies such as the FDA, CPIC, or major medical associations. Examples in the Kernel: CYP2D6 status and codeine contraindication; alcohol and benzodiazepine withdrawal seizure risk; BDNF increase from exercise. |
| **PROBABLE** | Consistent evidence from observational studies and mechanistic research, with some but not complete randomized trial support. The mechanism is well understood; the clinical benefit is consistently observed. Examples: methylfolate for MTHFR variants; magnesium for COMT support; NAC for craving reduction. Proceed with these with monitoring. |
| **EMERGING** | Promising early-phase trials, plausible mechanisms, consistent signals — but not yet confirmed by large controlled studies. Examples: specific probiotic strains for mood; oxytocin for withdrawal support; some epigenetic exercise claims. Worth exploring, especially when lower-tier options have been inadequate. |
| **AUTHOR/SYSTEM EXPERIENCE** | Patterns observed in the author's recovery and in recovery communities using this framework. Not data in the scientific sense — informed observation worth personal testing under appropriate supervision. Held with more uncertainty than the tiers above. |
| **CONTROVERSIAL / MIXED** | Active debate in the literature. Studies point in different directions. Bring these to a clinician as questions, not conclusions. |

### How Facilitators Use This

When you introduce a protocol in a meeting, you do not need to recite evidence tiers. You do need to know roughly where the claims sit so you can answer honestly if someone asks 'is this proven?' The honest answer for most supplement protocols is 'Probable — consistent evidence, not yet confirmed by large trials, worth trying with monitoring.' For the core pharmacogenomic claims (CYP2D6, codeine, alcohol withdrawal), the honest answer is 'Established — this

is in FDA labeling.'

If someone pushes back on a claim in a meeting — that is a good thing, not a threat. It means they are engaging critically. Respond with the tier: 'That's a fair question. The evidence on that specific claim is Emerging — there are early signals but no large trials yet. The main book has the references if you want to dig in.'

Section 3

# Updated Language — The Closing Ritual and Safety Sections

*The final polish pass on declarative phrases*

**Why This Matters**

The reviewer flagged one specific phrase: 'The biology can be understood' as bordering on affirmation-chant territory — effective for group cohesion but potentially dogmatic in register. The fix is small: add 'better than we were told' to the first line. This acknowledges that understanding is ongoing and incomplete, which is both more accurate and more honest — and actually more powerful for people who have been failed by systems that claimed to have all the answers.

3.1

## Updated Closing Ritual

*Replace the version in the Meeting Format with this*

**THE CLOSING RITUAL — UPDATED VERSION**

**FACILITATOR: The biology can be understood better than we were told.**
**EVERYONE: The biology can be understood better than we were told.**
**FACILITATOR: The pattern can be changed.**
**EVERYONE: The pattern can be changed.**
**FACILITATOR: The work is real and the work is worth doing.**
**EVERYONE: The work is real and the work is worth doing.**
**EVERYONE: Come back.**

**Why This Change Works Better**

'The biology can be understood' stated as a fact has the ring of a completed truth — which undercuts the Kernel's core epistemic stance. 'Better than we were told' does two things: it acknowledges that understanding is ongoing (more accurate), and it names the failure that brought most people to the Kernel in the first place — they were told the wrong things, or told nothing at all. That naming is both more honest and more bonding. The group isn't agreeing that everything is now knowable. They're agreeing that they know more than they were given — which is always true and always worth saying.

3.2

## Updated Psychodrama Safety Language

*Add this readiness checklist to the Psychodrama Module*

**PSYCHODRAMA READINESS CHECKLIST — Run Before Any Psychodrama Session**

The reviewer noted the psychodrama module needs a clearer readiness check before the high-activation content. Add this to the opening of any psychodrama session:

- ✓ Has this group met at least 4–6 times before this session? (The Bust and Role Swap require established trust — do not run these in the first month)
- ✓ Does the facilitator know the current stability level of each participant? (Anyone in acute crisis, recent bereavement, or medical instability should be offered the option to observe rather than participate)
- ✓ Is the ANCHOR word established and understood by everyone in the room? (Say it before the session begins: 'The word is ANCHOR. If anyone says it, everything stops immediately. No questions. We breathe. We check in. Then we decide together whether to continue.')
- ✓ Is there a designated support person — not the facilitator — available to sit with anyone who needs grounding? (The facilitator cannot both run the scene and hold a person in distress)
- ✓ Has the facilitator read the entire module, including the safety sections, before this session? (Not just the script — the full module)
- ✓ Will the session end with the Healing Enactment (Module 5)? (Non-negotiable — the group must complete the arc from pain to repair before closing)

If any of these cannot be confirmed: run a standard meeting with the activity library instead. The psychodrama content will be more effective — and safer — when the conditions are right.

3.3

## Language Substitution — Final Sweep

*Apply these replacements across all meeting materials*

| Replace This Phrase | With This Updated Version |
|---|---|
| The biology can be understood. | The biology can be understood better than we were told. |
| The biological foundation without which behavioral interventions cannot hold | A high-priority biological foundation that makes behavioral work significantly more effective for many people |

| | |
|---|---|
| Not optional | High-priority — worth discussing with your clinician |
| This will work | This is associated with meaningful improvement for many people with this profile — individual response varies |
| Must do X | Strongly recommended — the evidence supports prioritizing this |
| The pattern can be changed. | The pattern can be changed. (Keep as-is — this is accurate and appropriately direct) |
| Come back. | Come back. (Keep as-is — this is the right note to end on) |

Section 4

# The Complete File Map

*Every document in the Kernel system — what it is, when to use it*

The Recovery Kernel system consists of nine documents. This section maps all of them — what each one contains, when to use it, and how it connects to the others.

### Recovery_Kernel_COMPLETE.docx

**WHAT IT IS:** The complete main book — Centurion Edition. Biology of addiction, genetic architecture, MTHFR/COMT/CYP450, forensic case studies, harm reduction, oxytocin protocol, epigenetic playground, clinical reference tables, AI integration framework.

**WHEN TO USE:** The foundational text. Participants read it as they go deeper. Facilitators read Part One (Chapters 1–3) before starting. Part Four (Appendix A) is the clinical reference that sits behind every protocol meeting.

**RUNNING TIME:** Self-paced reading — not read aloud in meetings

**PAGES:** 2,059 paragraphs — full book

### Recovery_Kernel_Meeting_System.docx

**WHAT IT IS:** Four documents in one: the complete facilitator meeting script, the Protocol Navigation System (symptom index + three tracks + full protocol library), the Participant Card, and the 12-Meeting Core Curriculum.

**WHEN TO USE:** Every regular meeting. The facilitator script is read from directly. The navigation system is used between meetings to assign protocols. The participant card is printed and handed to every first-time attendee.

**RUNNING TIME:** 60–90 minutes per meeting

**PAGES:** 577 paragraphs

### Kernel_Introduction_Ritual.docx

**WHAT IT IS:** The complete standing introduction format — four sentences per participant (name, type, thrills, working on), all six brain-type group responses, the Type Card for new participants, four worked examples, updated meeting flow table.

**WHEN TO USE:** Every meeting, every participant. The Type Card is printed and handed at the door. The four worked examples are read by the facilitator before the first session to understand the format.

**RUNNING TIME:** Integrated into every meeting — 15–20 min of the standard format

**PAGES:** 282 paragraphs

### Kernel_Activity_Library.docx

**WHAT IT IS:** 50 activities across 6 categories (High Energy/Warrior, Grounding/Worrier, Connection, Brain Activation, Dopamine Replacement, Outdoor). Each with time, space requirement, energy level, how-to script, and neurochemical mechanism explanation. Quick-reference matching table.

**WHEN TO USE:** One activity per meeting — at a transition between phases or as the opening of Phase 3. Facilitator reads the room energy and selects accordingly

**using the quick-reference table.**
**RUNNING TIME: 3–20 minutes depending on activity**
**PAGES: 262 paragraphs**

### Kernel_Psychodrama.docx

**WHAT IT IS: Five modules: Object Ritual (baby powder / substance stand-ins), Stigma Simulation (meth face → healing), Cliché Deconstruction (forgive and forget / Scarlet Letter), The Bust (full cast drama with role cards and four scenes), Healing Enactment (always last). Full 90-minute session schedule.**
**WHEN TO USE: Once per month maximum — high-activation content. Do not run The Bust before 4–6 regular meetings of trust-building. Always end with the Healing Enactment. Readiness checklist in Section 3 of this guide must be confirmed before each session.**
**RUNNING TIME: 90 minutes for full arc — individual modules 15–25 minutes each**
**PAGES: 354 paragraphs**

### Kernel_Creative_Session.docx

**WHAT IT IS: The full creative session: Cheer Section (three rounds of pure affirmation), Memory Ritual (words → sentence → belongs to this meeting), Music Therapy Round, Culture Conversation (favorites, beer conversation, Coca-Cola history, context matters), Playwright Session (write and/or perform), Role Swap Testimony (full depth, origin layer), Protocol Assignment Chain, Closing Cheer. Appendix on secrets and avoidance.**
**WHEN TO USE: Once per month — the creative complement to the psychodrama session. Can be run in the same month as psychodrama for groups that want full depth, or alternated month-to-month.**
**RUNNING TIME: 120 minutes**
**PAGES: 477 paragraphs**

### Kernel_Playwright_Scripts.docx

**WHAT IT IS: Seven complete 15-minute plays for the playwright session block: The Last Conversation, The Job Interview, The Museum of Choices, The Party, The Handoff, The Verdict (with the Public Defender who doesn't care), The Letter (substance writes back). Each with cast cards, full script, beat markers, and debrief questions.**
**WHEN TO USE: During the Playwright Session block of the Creative Session. The facilitator presents 2–3 options and the group chooses. Or the facilitator assigns one based on what the group needs that session.**
**RUNNING TIME: 15 minutes per play — 20 minutes with prep and debrief**
**PAGES: 1,003 paragraphs**

### Kernel_Facilitator_Guide.docx [THIS DOCUMENT]

**WHAT IT IS: The unified quick-start guide: who this system is and is not for, evidence tier legend, updated closing ritual and language sweep, complete file map, first meeting checklist, 12-week rollout plan, and cross-reference index.**
**WHEN TO USE: Before your first meeting. Keep it with you during early sessions. The 12-week rollout plan is the practical sequence for launching a new group.**
**RUNNING TIME: Reference document — not run in meetings**
**PAGES: This document**

Section 5

# First Meeting Checklist

*Everything you need — nothing you don't*

### Before People Arrive

- Read the Meeting Format script (Recovery_Kernel_Meeting_System.docx) from start to finish — at least once aloud
- Read the Introduction Ritual document — particularly the four worked examples so you can model the format naturally
- Print the Participant Card — one per expected attendee plus 5 extras
- Print the Type Card — one per expected attendee plus 5 extras
- Have water available — the opening ritual requires it
- Have a notebook and pen for recording the Memory Ritual sentence and each person's 'one thing'
- Choose one Opening Sentence from the rotation list in the Meeting Format
- Choose one activity from the Activity Library that matches the energy level you expect — Breath Sync for a likely anxious group, Name Toss for a likely energized one
- Know the 988 number and have it visible somewhere in the room

### The Three Things That Must Happen in Every First Meeting

- Every person in the room must speak at least once — even if it is only their name. No one leaves a first meeting having not been heard. The introduction ritual guarantees this if you run it fully.
- The closing ritual must be spoken — even if it feels awkward the first time. The ritual becomes familiar through repetition. The first time is always awkward. Do it anyway.
- At least one person must leave with something concrete — the Participant Card with their 'one thing' written on it, a protocol they were assigned, or the Type Card if they discovered their type tonight. Something physical that belongs to them from this meeting.

### What NOT to Do in the First Meeting

- Do not explain the full Kernel science in the first meeting — this is what the main book is for; in the meeting, practice; let understanding come from experience
- Do not use MTHFR, COMT, CYP450, or pharmacogenomics vocabulary until at least meeting 3 — use plain language (Warrior, Worrier, depleted supply line) until the group asks for the technical terms
- Do not run the psychodrama module in the first meeting — or the second —

or the third
- Do not require anyone to participate in any activity — witnessing is full participation; the invitation must be genuine
- Do not fill every silence — silence is doing something; let it work

Section 6

# The 12-Week Rollout Plan

*A practical launch sequence for a new group*

This plan assumes weekly meetings of 60–90 minutes. Adapt timing to your group's needs — some groups will move faster through the protocol curriculum; some will need more time on the foundational meetings. The plan is a guide, not a script.

| Week | Meeting Type | Protocol / Focus | New Elements Introduced |
|---|---|---|---|
| 1 | Standard meeting | Protocol 01 — Emergency Triage (the floor) | Meeting format, Introduction Ritual, Type Cards, closing ritual, Participant Card |
| 2 | Standard meeting | Protocol 17 — Sleep Architecture | Activity: Breath Sync. Assign Protocol 18 to one participant for Week 3. |
| 3 | Standard meeting | Protocol 18 — Nutritional Scaffolding | First protocol assignment report-back. Activity: Shake It Out. |
| 4 | Standard meeting | Protocol 20 — Craving Cartography | Activity: 30 Circles (brain activation). Assign Protocol 16 for Week 5. |
| 5 | Standard meeting | Protocol 16 — Isolation Algorithm | First attempt at the Universal Exercise (Three Columns). Introduce the Symptom Index. |
| 6 | Standard meeting | Protocol 10 — Dopamine Architecture | Activity: Celebration Circuit. Group is now stable enough to go deeper. |
| MONTH 2 OPEN | Creative Session | Music Therapy + Memory Ritual + Playwright Session (Option A — write and perform same meeting) | First creative session. Start with The Job Interview or The Last Conversation. No psychodrama yet. |
| 7 | Standard meeting | Protocol 03 — Sonic Architecture | Activity: The Hum. Sound as medicine — experienced and then explained. |
| 8 | Standard meeting | Protocol 07 — Neuroplasticity | Activity: Opposite Game. The brain rewires through challenge. |
| 9 | Standard meeting | Protocol 22 — Family System | Activity: Mirror Movement. This protocol often surfaces the most. |

| | | | |
|---|---|---|---|
| | | Dynamics | |
| 10 | Standard meeting | Protocol 21 — Relapse Forensics | Activity: Story Spine. Analysis without shame. |
| 11 | Standard meeting | Protocol 25 — Spiritual Agnosticism | Activity: Parallel Work. Meaning-making without religion. |
| MONTH 3 | Psychodrama Session (first) | Module 1 only — The Object Ritual | First psychodrama session. Object ritual only. Always close with Healing Enactment. Do not attempt The Bust until Month 4 minimum. |
| 12 | Standard meeting — Review | Protocol 06 — Phenotype Assessment | The genetics behind the last 11 meetings. Now they understand their type through experience, not just description. |

### After Week 12

At the end of the 12-week cycle, the group should make two decisions together: which protocol to return to (almost always one or two that generated the most energy), and whether any participant is ready to co-facilitate.

The extended curriculum runs Weeks 13–24 with a new set of protocols (P08, P19, P09, P28, P34, P29, P23, P24, P14, P13, P33, P11). The psychodrama module can add one new module per month from this point — Module 2 (Stigma Simulation) in Month 4, Module 3 (Cliché Deconstruction) in Month 5, Module 4 (The Bust) in Month 6 if the group is ready.

The Creative Session with Role Swap Testimony (full depth) is appropriate from Month 3 onward for groups that have established genuine trust.

Section 7

# Cross-Reference Index

*When a meeting topic connects to the main book — where to find it*

Each protocol meeting connects to specific chapters in the main book. This index tells participants where to find the deeper science behind what they experienced in the meeting.

| Meeting Topic | Protocol Number | Main Book Reference |
|---|---|---|
| Why willpower isn't enough | P01, P06 | Part One — Chapter 1: Why Willpower Isn't Enough |
| MTHFR — the supply line | P06, P18 | Part One — Chapter 2: The Supply System |
| Warrior vs. Worrier — COMT | P06, P10, P19 | Part One — Chapter 3: The Clearance System |
| CYP450 — drug metabolism | P13, P14 | Part Two — Chapter 4: The Processing System |
| Depleted Worrier / Understimulated Warrior | P06, P10 | Part Two — Chapter 5: When Systems Collide |
| The forensic case studies | P21 | Part Two — Part Two Introduction + all case files |
| Harm reduction + combination dangers | P01, P35S | Part Three — Chapter 7: Harm Reduction |
| Oxytocin + HPA axis | P27, P34 | Part Three — Chapter 8: The Oxytocin Protocol |
| Epigenetic activity matching | P19, P29 | Part Three — Chapter 9: The Epigenetic Playground |
| Drug interaction tables | P13, P14, P37 | Part Four — Appendix A: Clinical Reference Tables |
| AI integration for recovery | P43 | Part Four — Appendix B: AI Integration Framework |
| Evidence tiers for any protocol | Any | Section 2 of this Facilitator Guide + main book Evidence Tier Legend |
| Who this system is for | Any | Section 1 of this Facilitator Guide + main book Who This Is For section |

**The One-Sentence Summary of the Whole System**

The main book explains WHY your brain works the way it does. The meeting system gives you a room to practice what to do about it. The protocols are the specific interventions, matched to your specific biology. The activities, psychodrama, creative session, and plays turn practice into embodied experience. The facilitator guide is the map. The work is yours.

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**The biology can be understood better than we were told.**

**The pattern can be changed.**

**The work is real and the work is worth doing.**

## Come back.

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github.com/JRToken-NGI/recovery-kernel